

REASONABLE ACCOMMODATION INFORMATION REPORTING FORM

Name of individual requesting reasonable accommodation:

Office of requesting individual:

1. Date reasonable accommodation requested:

Who received request:

2. Job held or desired by individual requesting reasonable accommodation (*including occupational series, grade level, and office*):

3. Reasonable accommodation needed for: (*check one*)

_____ Application process

_____ Performing job functions or accessing the work environment

_____ Accessing benefit or privilege of employment (*e.g., attending a training program or social event*)

4. Type(s) of reasonable accommodation requested (*e.g., adaptive equipment, staff assistant, removal of architectural barrier*):

5. Date reasonable accommodation request referred to deciding official (*i.e., Supervisor, Manager, Office Director, or Personnel Management Specialist*):

Name of deciding official:

6. Reasonable accommodation: (*check one*)

_____ Approved

_____ Denied (*If denied, attach copy of the written denial letter/memo.*)

7. Date reasonable accommodation approved or denied:

8. Type(s) of reasonable accommodation provided (*if different from what was requested*):

9. Date reasonable accommodation provided (*if different from date approved*):

10. If time frames outlined in the Reasonable Accommodation Procedures were not met, explain why.

11. Was medical information required to process this request? If yes, explain why. List the documents submitted on behalf of the individual. _____

12. Sources of technical assistance, if any, consulted in trying to identify possible reasonable accommodations (*e.g., Job Accommodation*

Network, disability organization, Disability Program Manager):

13. Comments:

Submitted by: _____ Date: _____
Phone Number: _____